

19_____

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**STATE OF HAWAII - DEPARTMENT OF TAXATION
MULTISTATE TAX COMPACT SHORT FORM RETURN**

CALENDAR YEAR 19____ or other taxable year beginning

_____, 19____ and ending _____, 19_____

PRINT OR TYPE

Name _____

DBA or C/O _____

Address (number and street) _____

City or town, State, ZIP Code _____

Social Security or
Federal Employer I.D. No.

Hawaii G.E./Use I.D. No.

GENERAL INFORMATION

Hawaii is a party state to the Multistate Tax Compact. Article III, Section 2 of the compact provides for the optional use of a short form for filing a return of income by a taxpayer "... whose only activities within the taxing jurisdiction consist of sales and do not include owning or renting real or tangible personal property, and whose dollar volume of gross sales made during the tax year within the State is not in excess of \$100,000" Such a taxpayer may elect to report and pay any tax due on the basis of a percentage of such volume. Act 10, SLH 1974, provides that such a taxpayer may elect to report and pay a tax of 1/2% on gross sales in or into Hawaii. The term "sales" includes sales of goods and services.

Please indicate in the block below the type of return you would otherwise be required to file in 19____ if you did not elect the option provided in Article III, Section 2 of the Multistate Tax Compact, Chapter 255, Hawaii Revised Statutes (HRS).

Type of return: ☐ Individual, Form N-11 ☐ Partnership, Form N-20
 ☐ Individual, Form N-12 ☐ Corporation, Form N-30 ☐ Other, Form _____
 ☐ Individual, Form N-15 (Nonresident) ☐ Fiduciary, Form N-40

COMPUTATION OF TAX

- Gross sales of goods and services in or into Hawaii
- Tax rate
- Tax due (Multiply line 1 by line 2)

\$	
	.005
\$	

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Signature of Person Preparing Return

Signature of (President or other Principal Officer)
(If this is a joint return, BOTH HUSBAND AND
WIFE MUST SIGN)
(Partner or Member)
(Fiduciary or Officer Representing Fiduciary)

Date

(Name of Firm or Employer, if any)

Mail or deliver return and remittance to: HAWAII STATE TAX COLLECTOR,
P. O. Box 3559, Honolulu, Hawaii 96811-3559